



Bib Data Sheet



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Washington, D.C. 20231

SERIAL NUMBER 09/556,389	FILING DATE 04/24/2000 RULE	CLASS 607	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. 000309.00005
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APPLICANTS

Michael B. McGraw, Vancouver, WA ;
William A. Rux, Hillsboro, OR ;

** CONTINUING DATA *****

THIS APPLICATION IS A REI OF 08/806,601 02/26/1997 PAT 5,836,995
AND A CON OF 09/290,407 04/13/1999 PAT RE36,690
WHICH IS A REI OF 08/967,081 11/10/1997 PAT 5,863,995
WHICH IS A CON OF 08/536,924 09/29/1995 PAT 5,755,745

McGraw
08/806,601 2/26/97

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 05/15/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 6	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

002779

TITLE

Portable muscle stimulator with pulse width control

FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 7261

SERIAL NUMBER 09/556,389	FILING DATE 04/24/2000 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 000309.00005
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APPLICANTS

Michael B. McGraw, Vancouver, WA;

William A. Rux, Hillsboro, OR;

** CONTINUING DATA ***** *AK*

This application is a CON of 09/290,407 04/13/1999 PAT R,E36,690
 which is a REI of 08/806,601 02/26/1997 PAT 5,836,995
 which is a CON of 08/536,924 09/29/1995 PAT 5,755,745

** FOREIGN APPLICATIONS *****

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>AK</i> <i>SG</i> Examiner's Signature Initials	WA	6	14	1

ADDRESS

27557
 BLANK ROME LLP
 600 NEW HAMPSHIRE AVENUE, N.W.
 WASHINGTON , DC
 20037

TITLE

PORTABLE MUSCLE STIMULATOR WITH PULSE WIDTH CONTROL

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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| <input type="checkbox"/> 1.18 Fees (Issue) |
| <input type="checkbox"/> Other _____ |
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